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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

*Novelty*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

*Novelty*

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Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY IL	SHEETS DRAWING 6	TOTAL CLAIMS 11	INDEPENDENT CLAIMS 2
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## TITLE

Modular clockspring

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